



March 26, 2024

The Honorable Tammy Baldwin  
Chair  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington DC 20510

The Honorable Shelley Moore Capito  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20510

The Honorable Robert Aderholt  
Chair  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20515

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

In this moment of urgent need to increase accurate information about and access to reproductive health care, we hope you will consider the following funding levels within the FY 2025 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. Power to Decide is a non-profit, non-partisan organization that works to ensure that all people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child. We do this by providing trusted information, expanding access to services, and catalyzing culture change.

Specifically, we request:

- \$512 million for the Title X Family Planning Program,
- \$150 million for the Teen Pregnancy Prevention (TPP) Program,
- \$6.8 million under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches,
- \$600,000 for continuing the Teen Pregnancy Prevention Evidence Review, administered by the Assistant Secretary for Planning and Evaluation (ASPE),

- and
- Eliminating the harmful Hyde and Weldon amendments.

### **The Title X Family Planning Program**

**We request \$512 million in funding for the Title X Family Planning Program for FY 2025.** For five decades, Title X has played a critical role in helping people to achieve reproductive well-being by offering low-income and uninsured individuals' access to high-quality contraceptive services, preventive screenings, and health education and information. Patients who receive services at Title X-funded clinics face many barriers to accessing health care. Thirty-one percent of all Title X patients did not have health insurance and 84 percent had household incomes at or below 250 percent of the federal poverty guideline.<sup>1</sup> Title X patients are racially and ethnically diverse with 31% identifying as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, or more than one race.<sup>2</sup> Further, 37 percent identify as Hispanic and/or Latino.<sup>3</sup> For many marginalized communities that are already disproportionately impacted by a lack of access to basic health care, Title X serves a vital role in the health care safety net.

And it is not only those who receive services directly paid for by Title X who benefit from this program. Title X funds are essential to keeping the doors open for thousands of health centers that also serve patients who have insurance, such as Medicaid and ACA plans. Despite the high value of the services that Title X provides and the significant unmet need for these services, Title X has been flat funded since FY2014.<sup>4</sup> Current funding is 10% lower than the FY 2010 level (\$317.5 million), which was already too low to meet the need.<sup>5</sup> The decrease in funding has impacted providers and patients with fewer people able to be served and more clinic closings. Even prior to the devastating implementation of the Title X domestic gag rule, the decrease in funding resulted in fewer patients served and more clinics closings. Between 2010 and 2019, the Title X program served 41% fewer people. When the previous administration enforced the 2019 domestic gag rule<sup>6</sup>, 19 Title X grantees

---

<sup>1</sup> Clochard, A., Killewald, P., Larson, A., Leith, W., Paxton, N., Troxel, J., & Wong, M. (2023, October). Family Planning Annual Report: 2022 National Summary. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> National Family Planning & Reproductive Health Association, " Fact Sheet: Title X," [Title-X-101-January-2023-final\\_2.pdf \(nationalfamilyplanning.org\)](#)

<sup>5</sup> Ibid.

<sup>6</sup> The Title X program requirements consist of the following: (a) Office of the Assistance Secretary for Health. (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs ("QFP") and updates (2015 and 2017) to the Recommendations. <https://opa.hhs.gov/grant-programs/title-x-servicegrants/about-title-x-service-grants/quality-family-planning>

voluntarily discontinued participation in the program<sup>7</sup>, and while their funds were able to be distributed to the remaining grantees, there were still six states without any Title X services available and seven states with services available on a limited basis.<sup>8</sup> The unfortunate impact was fewer clients served in 2019, 2020, and 2021 compared to previous years.<sup>9</sup> While the Biden-Harris administration finalized a new rule in October 2021 to begin to repair the damage done to the Title X network, chronic underfunding means the program does not have the necessary resources to meet community needs around the country. Title X has been and will continue to remain a safety net and point of access for millions across the country who need access to health care. To continue rebuilding and expanding this critical program, we encourage you to include \$512 million for FY 2025, which is midway between the current funding level of \$286.5 million and the full \$737 million that experts say would be needed just to provide family planning services to low-income women without insurance.<sup>10</sup>

### **The Teen Pregnancy Prevention (TPP) Program**

We request \$150 million in funding for the Teen Pregnancy Prevention (TPP) Program for FY 2025. Since 2010, the TPP Program, along with the complementary Administration on Children and Families' Personal Responsibility Education Program (PREP) have been recognized as pioneering examples of tiered, evidence-based policymaking that represent important contributions to building a body of evidence of what works.<sup>11</sup> Originally funded at \$110 million, the program has been funded at \$101 million since FY2014. The first two five-year cycles of grants and associated evaluations made vital contributions to building a body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. This has meant high quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results.

The TPP Program exemplifies evidence-based policymaking, a results-oriented

---

<sup>7</sup> Office of Population Affairs. (2019, September 30). HHS Issues Supplemental Grant Awards to Title X Recipients. <https://opa.hhs.gov/about/news/grantaward-announcements/hhs-issues-supplemental-grant-awards-title-xrecipientshttps://opa.hhs.gov/about/news/grant-award-announcements/hhsissues-supplemental-grant-awards-title-x-recipients>

<sup>8</sup> Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). <https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf>.

<sup>9</sup> Ibid.

<sup>10</sup> August, E.M., Steinmetz, E., Lorrie, G., Rivera, M.I., Pazol, K., Moskosky, S., Weik, T. & Ku, L. (2016). Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act. *American Journal of Public Health* 106:2(334-341). <https://doi.org/10.2105/AJPH.2015.302928>

<sup>11</sup> Nick Hart and Meron Yohannes (eds.) Evidence Works: Cases Where Evidence Meaningfully Informed Policy. (Washington, D.C.: Bipartisan Policy Center, 2019). Retrieved from <https://bipartisanpolicy.org/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf>.

approach that has bi-partisan support and recognition from a wide range of experts. In fact, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.<sup>12</sup>

From 2017-2020, there were extensive efforts to terminate and undermine the TPP Program. While courts blocked most of this, ongoing research was harmed. In 2023 OPA was able to provide investments in 53 new tier 1 projects and 18 new tier 2 projects to expand and advance evidence based TPP programs.<sup>13</sup> These grants are contingent on continued appropriations. As such, it is vital that the TPP Program receives adequate funding for FY 2025 to continue these critical projects.

The teen pregnancy and teen birth rates have declined drastically by 63 percent and 75 percent respectively since the early 1990s. There have been declines across all racial and ethnic groups, and in all 50 states. Yet inequities persist by race, ethnicity, age, and geography. The TPP Program has addressed these inequities by focusing funds on communities and populations facing the greatest barriers. Due to limited resources, the critical sexual health information and education provided by the TPP Program is still out of reach for many communities. Increased funding for the TPP Program would also ensure more young people receive the evidence-based information they need to live healthy lives.

After years of decreased funding and sustained attacks on the TPP Program, we encourage you to provide \$150 million in FY 2025.

### **Evaluation of Teen Pregnancy Prevention Approaches**

**We urge you to provide \$6.8 million in FY 2025 appropriations under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches. In addition, we call for an additional \$600,000 in FY 2025 appropriations for HHS General Departmental Management to continue the Teen Pregnancy Prevention Evidence Review.**

As part of the bipartisan commitment to evidence-based policymaking, there's a recognition of supporting high quality evaluation within federal agencies. Congress has historically provided a modest amount of dedicated funding to evaluate teen

---

<sup>12</sup> Ibid.

<sup>13</sup> U.S. Department of Health & Human Services, (August 2023). *HHS awards \$23 million to support evidence based teen pregnancy prevention programs.* [HHS Awards \\$23 Million to Support Evidence-Based Teen Pregnancy Prevention Programs | HHS.gov](#)

pregnancy prevention approaches, including longitudinal evaluations. This funding, in conjunction with the TPP Program, has contributed to deepening our knowledge of what works to reduce teen pregnancy.

Appropriators should also specifically include sufficient funding to continue the Teen Pregnancy Prevention Evidence Review (TPPER) administered by ASPE. Under the previous administration, funding ceased for this independent, systematic, rigorous review of evaluation studies that informed TPP and PREP grantmaking and provided a clearinghouse of evidence-based programs for other federal, state, and community initiatives. Due to the funds provided to reactivate the Evidence Review, in 2023 HHS released the first update of finding since 2018. The updated TPPER found evidence of effectiveness for nine new program models, addressing gaps in the existing research and evidence.<sup>14</sup> We ask that appropriators provide support in FY 2025 to ensure this work can continue. Such evidence reviews are recognized as a hallmark of evidence-based policymaking and are an essential tool to compile and share a growing body of evidence.

### **Eliminate the Hyde and Weldon Amendments**

**We urge you to eliminate the harmful Hyde and Weldon Amendments in FY 2025.** The Hyde Amendment has denied insurance coverage of abortion for Medicaid enrollees for more than 45 years. Since 2005, the Weldon Amendment has affected a wide range of abortion-related services, from insurance to referral of care, at the federal, state, and local level. Together these harmful restrictions make it difficult for those who are working hard to make ends meet to access the abortion care that they need. Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, pregnant people in many areas of the country are facing a chaotic landscape and increased barriers to abortion care, if they can even access it as all. Both the Hyde and Weldon Amendments will only continue to push care out of reach for pregnant people across the country, disproportionately impacting communities that already face the greatest barriers to accessing care such as people of color, young people, LGBTQI+ people, and people struggling to make ends meet. We encourage you to eliminate the Hyde and Weldon Amendments in FY 2025.

### **Additional Programs**

In addition to funding for the aforementioned programs, we urge you to provide adequate funding levels for other important programs that contribute to improved reproductive well-being as part of broader efforts. These programs include the Maternal and Child Health Block Grant, the Centers for Disease Control and

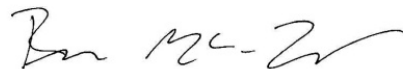
---

<sup>14</sup> U.S. Department of Health and Human Services. (2023). Updated findings from the teen pregnancy prevention evidence review.

Prevention, and Community Health Centers.

People across the country continue to navigate inequitable access to health care, impacting marginalized communities the most. TPP and Title X have worked to meet the needs of these communities in providing access to vital health care and implementing evidence-based approaches that work and serve young people across the country. These programs make sense—and your support for them is even more important in the context of the current crisis in reproductive health care. Helping to ensure that everyone has the power to decide if, when, and under what circumstances to get pregnant and have a child will improve opportunities for them and for the country. We appreciate the budget constraints appropriators face and respectfully urge you to support this request. If you have questions or need additional information, please contact Rachel Fey, Vice President of Policy & Strategic Partnerships at (202) 468-8304 or [rfey@powertodecide.org](mailto:rfey@powertodecide.org). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Raegan McDonald-Mosley". The signature is fluid and cursive, with a prominent initial "R" and "M".

Raegan McDonald-Mosley, MD, MPH

CEO